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TRANSMITTAL FORM

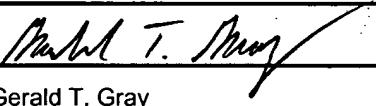
(to be used for all correspondence after initial filing)

		Application Number	10/006,929
		Filing Date	December 6, 2001
		First Named Inventor	Brown, William P.
		Art Unit	2131
		Examiner Name	To Be Assigned
Total Number of Pages in This Submission	7	Attorney Docket Number	019417-000120US

ENCLOSURES (Check all that apply)

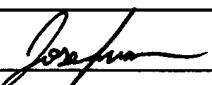
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Supplementary European Search Report (3 pages); Reference (1); Return Postcard
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Express Abandonment Request		
<input checked="" type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

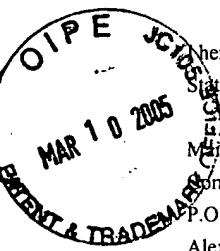
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Gerald T. Gray		
Date	March <u>7</u> , 2005	Reg. No.	41,797

CERTIFICATE OF TRANSMISSION/MAILING

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Mail Stop Amendment
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PATENT
Attorney Docket No.: 019417-000120US

On March 7, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

William P. Brown et al.

Application No.: 10/006,929

Filed: December 6, 2001

For: METHODS AND SYSTEMS FOR
IMPLEMENTING SHARED DISK
ARRAY MANAGEMENT FUNCTIONS

Examiner: To Be Assigned

Art Unit: 2131

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [excluding cited U.S. Patents, U.S. Patent Application publications, and appropriate IFW-stored, pending U.S. Patent Applications and portions thereof, per 1287 OG 163] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and

the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

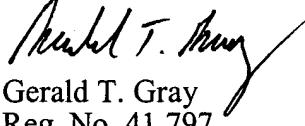
Also enclosed is a copy of the Supplementary European Search Report issued in connection with the corresponding European Patent Application No. 00911736.7.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

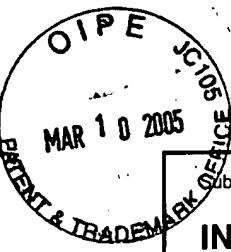
Applicant hereby certifies that each item of information contained in this Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart application and that this communication was not received by any individual designated in § 1.56(c) more than thirty days prior to the filing of this statement.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


Gerald T. Gray
Reg. No. 41,797

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GTG:jvl
60437076 v1



Substitute for form 1449A&B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/006,929
(use as many sheets as necessary)				Filing Date	December 6, 2001
Sheet	1	of	1	First Named Inventor	Brown, William P.
				Art Unit	2131
				Examiner Name	To Be Assigned
				Attorney Docket Number	019417-000120US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Number	Kind Code ² (if known)		
1.		5,459,857 A		10-17-1995	Rudeseal et al.

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Country Code ³	Number ⁴ Kind Code ⁵ (if known)		
2.		WO	98/28685 A	07-02-1998	Symbios Inc.

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²

Examiner Signature	Date Considered
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.